

Cereno Scientific

EPIMODE holds course despite early hiccups

Cereno Scientific has reaffirmed its Q428 top-line guidance for the Phase IIb EPIMODE trial of CS1 in pulmonary arterial hypertension (PAH), despite a slower-than-anticipated start to patient randomisation. The company expects up to **15 clinical sites** to be activated by end-2026, with more than 50% of the planned global network of c 68 sites operational by end-Q127, supporting its target to complete recruitment during 2027. EPIMODE remains Cereno's principal clinical value driver, with the potential to validate CS1's disease-modifying profile in a placebo-controlled setting amid an evolving PAH treatment landscape. With its average recruitment requirement of fewer than two patients per site (n=126), we consider the enrolment target manageable, provided site activation progresses as planned. We maintain our valuation at SEK21.5 per share.

Year end	Revenue (SEKm)	PBT (SEKm)	EPS (SEK)	DPS (SEK)	P/E (x)	Yield (%)
12/24	0.0	(98.1)	(0.35)	0.00	N/A	N/A
12/25	0.0	(117.8)	(0.38)	0.00	N/A	N/A
12/26e	0.0	(113.4)	(0.35)	0.00	N/A	N/A
12/27e	0.0	(124.5)	(0.38)	0.00	N/A	N/A

Note: PBT and EPS are normalised, excluding amortisation of acquired intangibles, exceptional items and share-based payments.

Following the first site activation in mid-August, initial patient randomisation in EPIMODE has slipped slightly relative to the previously targeted mid-September start, which management attributes to the extended start-up activities and an isolated patient-related event unrelated to CS1 treatment. We view the delay as manageable, given the study's recruitment requirement of c 126 patients across c 68 sites, which translates to fewer than two patients per site on average. This provides operational flexibility, although timely site activation remains crucial. With over half the planned network expected to be operational by end-Q127, we believe the expanding recruitment capacity could offset the initial delay and support enrolment completion within the prior 2027 target. We therefore see limited implications for the broader development timeline and maintain our Q428 topline expectation. We note however that recruitment execution remains the primary near-term variable.

EPIMODE is Cereno's most clinically advanced study, testing the encouraging Phase IIa efficacy signals in a larger, placebo-controlled setting. The primary endpoint measures changes in pulmonary vascular resistance (PVR), with its two-stage design (including re-randomisation at 36 weeks) built to provide insights into the durability of treatment in addition to CS1's potential disease-modifying properties. Given the evolving PAH market, we believe sustained improvements in right-heart function and evidence of reverse vascular remodelling would be key to ascertaining CS1's commercial potential and competitive positioning.

Beyond clinical validation, EPIMODE also has implications for partnering, a major value driver for Cereno. While management has been actively engaging with potential partners, we conservatively model a licensing agreement only after Phase IIb in 2029, on the assumption that robust Phase IIb data could materially strengthen Cereno's negotiating leverage with potential partners. We assume a \$2bn global licensing deal, including a \$150m upfront payment and a flat 15% royalty rate. We maintain our valuation at SEK21.5/share, although successful EPIMODE execution remains central to realising the assumed partnering economics. With current funding headroom into late Q426, financing remains a central consideration.

Clinical trial update

Healthcare

9 October 2026

Price **SEK3.55**
Market cap **SEK1,150m**

Pro forma net cash/(debt) at 30 June 2026 SEK(76.0)m
 Shares in issue 323.9m
 Free float 93.0%
 Code CRNO B
 Primary exchange NGM
 Secondary exchange N/A

Share price performance



Business description

Cereno Scientific is a clinical-stage biotech based in Sweden, focused on the development of innovative, effective and safe treatments for indications with high unmet needs. Lead asset CS1 is an HDAC inhibitor that acts as an epigenetic modulator. The first clinical site in the Phase IIb study in PAH was activated in August 2026 with topline data anticipated by Q428. Second asset CS014, a proprietary NCE and HDACi, is being developed for PH-ILD, and preclinical asset CS585's lead target indication is antiphospholipid syndrome, a rare autoimmune condition.

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